

## Foster Family Home - Corrective Action Report

Provider ID: 1-562985

Home Name: Elizabeth Ilagan, CNA

Review ID: 1-562985-6

94-1210 Keahua Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/17/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 10/17/19.  
Home is in compliance with all requirements. Home will receive a 2 bed certification.

*Maribel Nakamine, NM*

Compliance Manager

*Elizabeth Ilagan Ilagan*

Primary Care Giver

*10/17/19*

Date

*10/17/2019*

Date